

CLERK OF DISTRICT COURT
NORTHERN DIST. OF TX
FORT WORTH DIVISION
FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NORTHERN TEXAS

2019 OCT -1 AM 8:22

CARLOS ALMEDA,
Plaintiff,

DEPUTY CLERK. *QJ*

-against-

CIVIL ACTION No.:

4-19CV-783-A

UNITED STATES OF AMERICA;
FEDERAL BUREAU OF PRISONS;
Charles Samuel Jr. Director;
E.V. Wilson, Warden, Forth Worth TX;
Jose Gomez, MLP, Fort Worth, TX;
Known & Unknown Correctional Officers
& Contract Employees et.al., All in
their Official & Individual capacity;
Dallas Jones, Warden, FCI Beaumont, TX;
Dr. Sharig Ahmad, MD FCI Beaumont, TX;
Kolby White, DMP, Baptist Hospital, TX;
Dr. Qureshi, Admitting Physician, Baptist
Hospital, TX; Known & Unknown Correctional
Officers & Contract Employees et.al., All
in their Official & Individual capacity;
Steven Vallis, Warden, FMC Rochester, MN;
Kevin Elker, APRN, CMS, FMC Rochester, MN;
Margaret Paulson, DO, FMC Rochester, MN;
Melissa Macks, RN, FMC Rochester, TX;
Marie Hogan, MD PH.d Mayo Clinic Rochester,
TX; Known & Unknown Correctional Officers &
Contract Employees et.al., All in their
Official & Individual capacity;
M. Underwood, Warden, FCI Seagoville, TX;
J. Capps, MD FCI Seagoville, TX;
Known & Unknown Correctional Officers &
Contract Employees et.al., All in their
Official & Individual capacity;
Captain S. Spaulding, Warden, FMC DEVENS;
Dr. Yeh, MD Medical Director, FMC DEVENS, MA;
Ms. Kildiff, PA FMC DEVENS, MA;
Ms. Toussiant, Medical Director, FMC DEVEND, MA;
Known & Unkown Correctional Officers & Contract
Employees et.al., All in their Official & Individual
capacity.

Defendants.

CRUEL & UNUSUAL PUNISHMENT, DELIBERATE INDIFFERENCE, & NEGLECT
OF A SERIOUS MEDICAL CONDITION, IN VIOLATION OF THE 8th AMENDMENT
PURSUANT TO BIVENS v. SIX UNKNOWN NAMED AGENTS OF THE FEDERAL
NARCOTICS, 403 U.S. 388, 91 S.Ct. 1999, 29 L.Ed.2d U.S.C. Section
2671 et.seq.

JURISDICTION AND VENUE

1. This Civil Action authorized by the BIVENS v. SIX UNKNOWN NAMED AGENTS OF THE FEDERAL BUREAU OF NARCOTICS, 403 U.S. 388 (1971), to redress the deprivation of Rights by Security of the Constitution of the UNITED STATES. This Court has Jurisdiction under 28 U.S.C. Section 1331 & 1334, 42 U.S.C. Section 1983.
2. Plaintiff seeks Nominal, Compensatory, & Punitive Damages in the amount of Ten Million Five Hundred Thousand Dollars, for the Cruel & Unusual Punishment he suffered in connection with Neglect, & Deliberate Indifference to His Serious Medical Condition, Intentionally Injuring, Callous Indifference, which constituted the Cruel & Unusual Punishment under the 8th Amendment of the UNITED STATES CONSTITUTION.
3. The UNITED STATES District Court for the District of N. Texas is the appropriate Venue under 28 U.S.C. 1391(b)(2), because it is where the events giving rise to the Claim's occurrence continues to take place.
4. Plaintiff Carlos Almeda II, was at all times mentioned herein unless otherwise "NOTED," an inmate at the Federal Medical Center Devens, Fort Worth TX, Federal Medical Center, Federal Correctional Institution Beaumont TX, Federal Medical Center Rochester, MN, Federal Bureau of Prisons Detention Center Seagoville TX, Pursuant to the Custody of the Federal Bureau of Prisons. Plaintiff is currently confined at Federal Medical Center Devens, in Ayer, Massachusetts.
5. Defendant E.V. Wilson, was the Warden of FMC Fort Worth, TX. at the time of the claims alleged herein. E.V. Wilson, was legally responsible for the operations of FMC Fort Worth TX., and for the

6. Defendant Jose Gomez, MLP Clinical Staffer, is a Medical Federal Employee of the Federal Bureau of Prisons, who at all time mentioned in this Complaint, held the position of Physician Assistant or Nurse, who was assigned to the Federal Medical Center Fort Worth, TX.

7. Defendants known & unknown & contract employees et.al, who at all times mentioned in this Complaint, held the positions Contract Employees or Staffers, who were assigned to Fort Worth, TX.

8. Defendants known & unknown Correctional Officers of the FBOP, who held the ranks of correctional officers, at all times mentioned in this Complaint, were employed at FMC Fort Worth, TX.

9. Each Defendant is sued individually in his or her Individual and Official capacities, at all time mentioned in this Complaint, each defendant acted under the color of Federal Law.

10. Defendant Dallas Jones, was the Warden of FCI Beaumont, TX, at all times of the claims alleged herein. Dallas Jones was legally responsible for the operations of FCI Beaumont, TX, and for the welfare of all the inmates of that prison.

11. Defendant Kolby White, DPM, was an Attending Physician at Baptist Hospital, TX., contracted by the Federal Bureau of Prisons to treat its Inmate Population, who at all times mentioned in this Complaint was employed at Baptist Hospital, TX., and held the position of Attending Physician or Nurse who was assigned to Plaintiff while employed at Baptist Hospital, a Contract Facility of the federal Bureau of Prisons.

12. Defendant DR. Qureshi, Admitting Physician at Baptist Hospital Texas, who at all times mentioned in this Complaint held the position of Admitting Physician or Doctor, who was assigned to Baptist Hospital a Contract Facility of the Bureau of Prisons.

13. Each individual is sued individually in his or her individual and official capacities, at all times mentioned in this Complaint each defendant acted under the color of Federal Law.

14. Defendant Steven Vallis, was the Warden of Federal Medical Center Rochester, MN., at the time of the claims alleged herein. Steven Vallis, was legally responsible for the operation of FMC Rochester, MN., and for the welfare of all the inmate population of the Prison.

15. Defendant Kevin Elker, APRN, CWS, was a Medical Staffer at the Federal Medical Center Rochester, MN., who at all times mentioned in this Complaint held the position of Physician Assistant or Nurse, who was assigned to FMC Rochester, MN.

16. Defendant Doctor Margaret Paulson, DO., Federal Medical Center Rochester, MN., who at all times mentioned in this Complaint held the position of Doctor, who was assigned to FMC Rochester, MN.

17. Defendant Melissa Macks, RN., Federal Medical Center Rochester, MN., who at all times mentioned in this Complaint held the position of Nurse, who was assigned to FMC Rochester, MN.

18. Defendant Doctor Marie Hogan, MD PH.d NEPH, Mayo Clinic, Rochester, MN., who at all times mentioned in this Complaint held the position of Doctor, who was assigned to the Mayo Clinic, as a Contract Facility to treat the Federal Bureau of Prisons' inmate population in Rochester, MN.

19. Defendants Known & Unknown Correctional Officers of Federal Medical Center Rochester, MN., who at all times mentioned in this Complaint held the ranks of Federal Correctional Officers who at all times mentioned in this Complaint were assigned to FMC Rochester, MN.

20. Defendants Known & Unknown Contract Employees of the Federal Medical Center Rochester, MN., who at all times mentioned in this Complaint were assigned to FMC Rochester, MN., who at all times mentioned in this Complaint held the position of Contract Employees, at the Federal Medical Center Rochester, MN.

21. Each Defendant is sued individually in his or her individual & official capacities, at all times mentioned in this Complaint, each individual acted under the color of Federal Law.

22. Defendant M. Underwood, was the Warden of Federal Detention Center Seagoville, TX., at the time of the claims alleged herein. M. Underwood was legally responsible for the operation of FCI Seagoville, TX., and for the welfare of all the inmate population of the Detention Center/Prison.

23. Defendant J. Capps, MD, Federal Detention Center Seagoville, TX., is a Medical Staffer of the Federal Bureau of Prisons, who at all times mentioned in this Complaint held the position of Medical Director, who was assigned to the Federal Detention Center Seagoville, TX.

24. Defendant Known & Unknown Correctional Officers for the Federal Detention Center Seagoville, TX., who at all times mentioned in this Complaint held the ranks of Federal Correctional Officers, who at all times mentioned in this Complaint were employed at FCI Seagoville, TX.

STATEMENT OF CLAIM

1. Plaintiff's first Claim for Relief for the Cruel & Unusual Punishment he suffered by the Deliberate Indifference of His Serious Medical Condition by the Federal Bureau of Prisons' Staff & Others yet Known & Unknown are as follows:

Nominal Damages in the amounts of	\$20,000 dollars
Compensatory Damages in the amount of	\$6,280,599 dollars
Punitive Damages in the amount of	\$3,300,000 dollars

2. Plaintiff's first Claim for Relief for the Callous Indifference of Charles Samuel Jr., Director of the Federal Bureau of Prisons and Others yet Known & Unknown are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damage in the amount of	\$7,000,000 dollars

3. Plaintiff's first Claim of Relief for being Legally Responsible for the welfare of Plaintiff by Warden E.V. Wilson are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$15,000 dollars
Punitive Damages in the amount of	\$7,000,000 dollars

4. Plaintiff's first Claim for Relief for the Callous Indifference by Jose Gomez, MLP and Others yet unknown are as follows:

Nominal Damages in the amount of	\$100 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

5. Plaintiff's first Claim for Relief for being legally responsible for the welfare of Plaintiff by Warden Dallas Jones, are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

6. Plaintiff's first Claim for Relief for the Callous & Deliberate Indifference by Doctor Sharig Ahmad, MD & Others yet Unknown are as follows:

Nominal Damages in the Amount of	\$500 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

7. Plaintiff's first Claim for Relief for the Callous & Deliberate Indifference by Medical Physician Kolby White are as follows:

Nominal Damages in the amount of	\$200 dollars
Compensatory Damages in the amount of	\$5,000 dollars
Punitive Damages in the amount of	\$6,000 dollars

8. Plaintiff's first Claim for Relief for the Callous & Deliberate Indifference by Doctor Qureshi are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

9. Plaintiff's first Claim for relief for being legally responsible for the welfare of Plaintiff by Warden Steven Vallis are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

10. Plaintiff's first Claim for Relief for the Callous & deliberate Indifference by Medical Physician Kevin Elker are as follows:

Nominal Damages in the amount of	\$100 dollars
Compensatory Damages in the amount of	\$3,000 dollars
Punitive damages in the amount of	\$4,000 dollars

11. Plaintiff's first Claim for Relief for the Callous & Deliberate Indifference by Medical Physician Margaret Paulson are as follows:

Nominal Damages in the amount of	\$100 dollars
Compensatory Damages in the amount of	\$3,000 dollars
Punitive Damages in the amount of	\$4,000 dollars

12. Plaintiff's first Claim for Relief for the Callous & Deliberate Indifference by Melissa Mack are as follows:

Nominal Damages in the amount of	\$100 dollars
Compensatory Damages in the amount of	\$3,000 dollars
Punitive Damages in the amount of	\$4,000 dollars

13. Plaintiff's first Claim for Relief for the Callour & Deliberate Indifference by Medical Physician Marie Hogan are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

14. Plaintiff's first Claim for Relief for being legally responsible for the welfare of Plaintiff by Warden M. Underwood are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

15. Plaintiff's first Claim for Relief for the Callous & Deliberate Indifference by Medical Physician J. Capps are as follows:

Nominal Damages in the amount of	\$100 dollars
Compensatory Damages in the amount of	\$3,000 dollars
Punitive Damages in the amount of	\$4,000 dollars

16. Plaintiff's first Claim for Relief for being leggally responsible for the welfare of Plaintiff by Captain S. Spaulding, Warden are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$10,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

17. Plaintiff' first Claim for Relief for the Callous & Deliberate Indifference by Medical Director Yeh are as follows:

Nominal Damages in the amount of	\$100 dollars
Compensatory Damages in the amount of	\$15,000 dollars
Punitive Damages in the amount of	\$7,000 dollars

18. Plaintiff's first Claim for relief for the Callous & Deliberate Indifference by Medical Physician Kildiff are as follows:

Nominal Damages in the amount of	\$1 dollar
Compensatory Damages in the amount of	\$1,000 dollars
Punitive Damages in the amount of	\$500 dollars

19. Plaintiff's first Claim for relief for the Callous & Deliberate Indifference by Medical Physician Ms Toussiant are as follows:

Nominal Damages in the amount of	\$500 dollars
Compensatory Damages in the amount of	\$5,000 dollars
Punitive Damages in the amount of	\$4,000 dollars

25. Defendants Known & Unknown Contract Employee at Federal Detention Center Seagoville, TX., who at all times mentioned in this Complaint were employed at the Federal Detention Center Seagoville, TX., Held the positions of Contract Employees of Staffers, who were assigned at FCI Seagoville, TX.

26. Each Defendant is sued individually in his or her individual & official capacities, who at all times mentioned in this Complaint, each individual acted under the color of Federal Law.

27. Defendant Captain S. Spaulding, was the Wared of the Federal Medical Center Devens, MA., at all times of the-claims alleged herein. Captain S. Spaulding, was legally responsible for the operations of FMC Devens, MA., and for the welfare of all the inmate population of that Prison.

28. Defendant Yeh, MD, Federal Medical Center Devens, MA., was a Medical Director or Staffer at the Federal Medical Center Devens, MAS, who at all times mentioned in this Complaint held the position of Medical Director, who was assigned to FMC Devens, MA.

29. Defendant Ms Kildiff is a Medical Assistant or Staffer at the Federal Medical Center Devens, MA., who at all times mentioned in this Complaint held the position of Physician's Assistant, who was assigned to Plaintiff's case, at FMC Devens, MA.

30. Defendant Ms Toussiant, is a Medical Doctor or Staffer at the Federal Medical Center Devens, MA., who at all times mentioned in this Complaint held the position of Medical Doctor or Staffer, who was assigned to FMC Devens, MA.

31. Defendants Known & Unknown Correctional Officers & Contract Employees of the Federal Bureau of Prisons FMC Devens, MA., who at all times mentioned in this Complaint, were employed and/or

contracted to FMC Devens, MA., and held the ranks of Correctional Officers & Contract Employees of the Federal Bureau of Prisons, assigned to FMC Devens MA.

32. Each Defendant is sued individually in his or her individual & official capacities, who at all times mentioned in this Complaint, each individual acted under the color of Federal Law.

PREVIOUS LAW SUITS

RECEIVED : June 26, 2017

Administrative Claim TRT-NCR-2017-05510

Certified Number 7016 0910 0000 2694 5833

Denied December 20, 2017

EXHAUSTION OF ADMINISTRATIVE REMEDIES

All Four Stages of the Administrative Remedy Procedures were Exhausted on October 23, 2017

STATEMENT OF FACTS

This is a Statement of Facts surrounding the Personal Injury Claim of Carlos Almeda, II: hereafter referred to as Plaintiff, who has suffered severely at the hand of the Medical Professional & Contract Professionals charged with his Care, in which Plaintiff is an Federal Inmate, held in the Custody of the Federal Bureau of Prisons.

In order to fully understand the Claim of Cruel & Unusaul Punishment & Personal Injury, it is necessary to a Historical approach in reviewing the details surrounding these Claims. The Plaintiff has suffered needlessly by the hands of those charged with his care time after time, in which the Plaintiff realized that something is seriusosly wrong with how he is being treated for the medical condition that he has/had, and decided that the time had come to seek Justice.

Plaintiff entered into the Federal Bureau of Prisons approximately June 3, 2010, and was designated to the Federal Medical Center in Fort Worth, Texas. Plaintiff had multiple foot deformities upon arrival to Fort Worth and was prescribed Special Orthotic Shoes by Linda Hemingway, Physical Therapist. Plaintiff was treated for problems with hie left foot throughtout 2010, while house at the Fort Worth Facility.

On or about January 12, 2011, Plaintiff was transferred from the General Population Unit in Fort Worth to the Segregated Housing Unit (SHU) pending New Criminal Charges. While housed in the SHU Plaintiff's Medical Care was thoroughly NEGLECTED.

A chanced Clinical encounter by Jose Gomez, MLP, on or about February 15, 2011, reflected that Plaintiff was performing "SELF WOUND CARE" [see: Exhibit 1]

At the Clinical encounter with Jose Gomez, MLP, Plaintiff asked for "WOUND CARE" supplies that were so desperately needed. It was during this time period that a PLANTAR ULCER had developed in his right foot.

On or about April of 2013, Plaintiff was transferred to Federal Correctional Institution Beaumont Texas, a Care Level II Facility. Plaintiff had been transferred after being accused of serious charges. Plaintiff, along with other inmates, were targeted by a group of CONFIDENTIAL INFORMATES who were aggressively engineering crimes in order to gain favor with thier Jailers, in which there were other inmates targeted and Plaintiff was asked to testify on their behalf.

Plaintiff argues that the transfer from FMC Fort Worth to FCI Beaumont was, in retaliatory and vindictive to the alleged charges. The transfer and confinement in the Special Housing Unit contributed to the extent of his current injuries. Plaintiff's specail orthotic shies became too tight, as a result of the ectensive wounds in both of his feet. The Staff at Beau mont gave the Plaintiff regular tennis shoes and told him to remove the inserts from his orthotic shoes and put them in the tennis shoes, and as a result Plaintiff's foot injuries worsen until a development of OSTEMYLITIS in his right foot occurred. Plaintiff was then given a wheelchair and two Offloading Shoes by Off-Site Medical Professional, however, Plaintiff remained housed on the THIRD TIER of his housing unit and was forced to walk most places on the Compound as it was not Wheelchair accessible.

Which only worsened his condition, in which repeated request for medical attention went unanswered and treatment was withheld. It is later realized that Plaintiff had advanced, GANGRENOUS infection and he was transferred to the Emergency Department at Baptist Hospital in Beaumont Texas, on July 16, 2013.

The infection was so far advanced that the fifth(5) little toe on Plaintiff's right foot had to be AMPUTED and it has been noted that he has CELLULITIS up to the thigh with streaking. The consultation notes from Attending Physician, Kolby White, DPM, dated July 17, 2013, states "There is a large Ulceration to the Plantar Aspect of the right fifth(5) Metatarsal Head with surrounding bluish discoloration as well as Serosanguinous drainage with this... there is surrounding cellulitis with ascending cellulitis to the level of the thigh. There is streaking along the thigh. The list of Problems contained disturbing information that was not shared with the Plaintiff in a narrative dated August 23, 2013, by Dr. Sharig Ahmad MD, who states "He has been receiving LEVOFLOXACIN and VANCOMYCIN for the infection in the lower extremities with culture results consistent E coli and Enterococcus... [r]enal failure, which I presume is going to turn out to be Chronic Kidney disease, Stage III. The lower extremity is likely from Proteinuria and Nephrosis." Sadly Dr. Ahmad is the only Physician to even order VANCOMYCIN in his plan of that same narrative.

That very same day, Dr. Kolby White, DPM, from Baptist Hospital assesses Plaintiff and narrates, "I had a long discussion with the patient today concerning treatment options. He will need a partial fifth(5) ray amputation with application of wound VAC later today... [h]e is at risk for much higher level amputation

due to the infection type, and he is made aware of this. We will need to continue the IV antibiotics including VANCOMYCIN and ZOSYN until culture results."

An aggressive course of antibiotics was administered while Plaintiff was hospitalized. Dr. Qureshi, the admitting Physician noted "Necrotic Cellulitis of the Right Lower Extremities." Upon admission a renal consult is ordered for elevated creatinine levels of 1.9. There has been no past renal disease noted. The Physician notes that Plaintiff has diabetes that is not well controlled. Later, Plaintiff is started on a course of Vancomycin and Levaquin for E. Coli. He remained hospitalized until September 25, 2013, and transferred to the federal Medical Center in Rochester, MN. Upon his arrival to FMC Rochester, Plaintiff was assessed for Osteomyelitis of his right foot, by Kevin Elker, APRN, CWS. In November of 2013, Mr. Elker had his foot tested for Gangrene, and the test results were Positive.

Plaintiff was housed in Building 9-3rd Floor since his arrival to FMC Rochester. This was an In-Patient hospital setting with 24-hour Nursing care and In-House Physicians assigned to each Unit. Plaintiff's Care Level was assigned at Care Level FOUR.

In December of 2013, Plaintiff was transferred again on a Writ to testify for an Inmate that had been targeted by the same group of Confidential Informants as he had been. The transfer was to Seagoville, a Federal Detention Center in Dallas, Texas.

Plaintiff was essentially removed from the hospital setting and placed in an environment with virtually no On-Site Medical Care.

Let be noted that Plaintiff was a High-Risk Patient with Deep Vein Thrombosis (DVT/Blood Clot) and Pulmonary Embolism (PE). Upon arrival to Seagoville on December 4th, 2013, Plaintiff complained of severe pain to his right foot and leg as well as shortness of breath. The limited Medical Care available at Seagoville led to the Plaintiff's request for medical attention that went unheard until December 23, 2013, when he was transported to the Emergency Department of Doctors Hospital in White Rock Lake, where he was diagnosed with Right Leg Cellulitis, initially, but was found to have a DVT in the Distal right superficial femoral Vein.

Plaintiff was started on an IV Antibiotic and transferred to Vibra Specialty Hospital in DeSoto, TX, for continued IV Antibiotic Therapy. Again it is of great significance to note that Plaintiff was taken from a Care Level Four, Hospital environment to an Institution without any skilled medical care on a Writ as a witness. In which there has remained a Provision for Video or Telephone Conference Appearances of a Participant in a Court Proceeding. FMC Rochester has/had all of the necessary equipment and Inmates have consistently appeared before the Court without being transferred.

By Transferring the Plaintiff to Seagoville, his life was needlessly put in JEOPARDY, in Violation of his Eight Amendment Right against Cruel and Unusual Punishment.

In a Clinical encounter by Dr. Capps, MD at Seagoville in Vibra LTach Facility Report, which stated "[Patient] remains on IV Antibiotics and is recovering ATN (Acute Renal Failure) related to Vancomycin (antibiotic required for tx of infection) and is in recovery from Acute Pulmonary Edema.

Is to be further assessed in one week as to level of recovery and level of care likely needed." Prior to his discharge from Vibra Specialty Hospital, Plaintiff was not provided with an IVC filter even though they knew or should have known that he would be flown back to FMC Rochester upon satisfying the Court appearances. They knew or should have known of the presence of the Pulmonary Embolism and still took no measures to ensure the Plaintiff's stable transfer back to Minnesota. Yet, again Plaintiff was needlessly placed in harms was as it is well established that long periods of sitting while flying can result in DVT and Pulmonary Embolism.

Plaintiff was returned to FMC Rochester, in Febraury of 2014, where he was started on IV Ceftriaxone and Cipro, in addition to Oral Bactrim for concerns for the Right Leg Cellulitis. A Clinical encounter with P.A. Lee Witter dated April 16, 2014, states that Plaintiff was started on these medications for Left Leg Cellulitis. This is but a small example of the neglent and inaccurate medical record keeping on the part of the Bureau of Prisons. Where is this Civil Action there will be a multitude of inaccuracies and incomplete records that can be produced upon Production of Documents at Discovery.

Plaintiff was hospitalized on March of 2014, for ACUTE KIDNEY INJURY. It was during this time that Plaintiff discoveres that his kidney injury was at Stage Four and that the cause of the injury is most likely due to the Aggressive course of Antibiotics that he had been subjected to over a prolonged period of time.

Plaintiff started to listen to the comments and coversations of his Providers outside of the Bureau of Prisons environment. It was through this practice that Plaintiff learned that the FBOP has been negligent in monitoring Plaintiff's medical care and that a constant monitoring of the Plaintiff's kidney function and creatinine levels would have indicated a deficient Renal function.

April 25, 2014, Plaintiff was once again hospitalized at Mayo Clinic as a result of neglect to right foot osteomyelitis. The infection to the fourth toe of the right foot is extreme and it is determined that the toe needs to be amputated. [One might ask the Question, "How can an Inmate who is a Patient in a Hospital Unit at a Federal Medical Center have an infection that progresses to the point where that digit must be amputated?] Now, depending on who answers the Question, will determine the response and Culpa-bility of the Federal Bureau of Prisons' and Staff that were charged with the Plaintiff's care. In the Surgical Report of Dr. Kitaoka, MD at Mayo Clinic, dated April 25, 2014, it reads "Fourth Ray re-section...a roughly racquet-shaped incision was made extending along the fourth matatarsal distally, extending over the fourth toe and plantarward in such a way as to excise the infected ulcer...some additional necrotic tissue was removed from the region of the fourth metatrsal head...wound type: Type IV - Dirty or Infected." Plaintiff is once again faced with the loss of a digit. The psy-chological stree began to become extremely apparent.

In a Renal Pathology Report from Mayo Clinic dated May 21, 2014, it is clearly stated that "Nephritis may be secondary to a Hypersensitivity reaction to drugs such as NSAIDS, Antibiotics, etc.

Between May of 2014, and June of 2015, Plaintiff was monitored by his appointed Physician through Chronic Care visits. On June 29, 2015, Plaintiff was hospitalized after complaining of Chest pain and Shortness of Breath. In a Clinical encounter authored by Melissa Marks, RN, on the day of admission, she states, "there was no PE (Pulmonary Embolism) noted." In another Clinical encounter, again authored by Melissa Marks, dated the next day (June 30, 2015,), she states "Lung scan was indicative of Multifocal PE some of which may be recanalizing. Ultrasound of lower extremities was negative for DVT." This shows that there was a PE and the records dated the day prior were inaccurate. In the final Clinic encounter, dated July 1, 2015, Melissa Marks, RN stated "...was seen by Nephrology and they have given diagnosis of Acute Renal failure, most likely due to worsening right sided Heart failure from PE." This statement is a far reach when one considers that the Pulmonary Embolism wasn't present until long after the renal failure diagnosis was rendered. Furthermore, records reflect that the renal failure is most likely caused by the aggressive antibiotic therapy that Plaintiff received for injuries stemming from the Neglect, Cruel and Unusual Punishment, Malpractice, Breach of Duty in the Deliverance of a Medical Standard of Care, and Deliberate Indifference to the Serious Medical Condition of Plaintiff.

Now during this time Plaintiff began to hear murmuring about the possibility that a Kidney Transplant may be necessary. Upon hearing this, Plaintiff realized the extent of his injury....

...and the culpability of the Federal Bureau of Prisons. It became painfully clear that the Plaintiff needed to look to Legal Remedies as his injuries are far reaching and will require years of continued medical care and may even result in premature death.

Plaintiff was eventually discharged from St. Mary's Hospital and returned to the hospital unit at FMC Rochester, where he remained for monitoring and treatment.

January of 2016, Plaintiff began to experience Chest pain and Acute Dyspnea. The Plaintiff was retaining close to seventy(70) pounds of water and could not breathe. Upon admission, he is referred to the Nephrology department. It is of record that FMC Rochester was not in agreement with the hospital and requested that it verified whether or not the Plaintiff truly needs to be seen by Dr. Hogan in Nephrology. What does this questioning truly achieve? One could argue that this is FMC Rochester's standard operating procedure for letting a provider know that they don't really want the course of care to continue in the direction it is going. The medical records reflect this line of questioning TWICE. A Clinical encounter dated January 11, 2016, by Susan Ellinghuysen, RN (and the current utilization review Nurse) reads "Nurse was advised that patient is currently scheduled with Dr. Hogan, Nephrology for tomorrow, and FMC has requested confirmation as to whether or not appointment is needed"

In a Report dated February 23, 2016, from Mayo Clinic, electronically signed by Dr. M.C Hogan, she states, "At this point, with a GFR of 22, he may be eligible for a kidney transplant evaluation...once I hear back from our transplant colleagues, we will

...decide on whether to go ahead with a permanent vascular placement toward preparations for long-term dialysis. I will discuss further with Dr. Slater at Brison Medical Services."

In Summary, the Plaintiff has gone from entering the FBOP system in a relatively healthy state, only requiring Orthotic Shoes, for multiple foot deformities. He arrived at an FMC that could have and should have cared for his medical needs but, instead after being placed in the SHU where his medical needs were ignored he developed foot ulcers, then transferred to FCI Beaumont, Texas, where his medical needs were ignored further and an infection became so severe (bad) that he had wounds permeated with Gangren Infections that were described by the Emergency Room Doctors a "DIRTY." The medical staff at FCI Beaumont were completely negligent and breached their DUTY in delivering a Standard of Care that is reasonably expected. To make matters worse, Plaintiff faced having a digit amputated and had severe cellulitis that was extending to his high. Plaintiff was transferred to FMC Rochester, where he started to get the care he needed when he was suddenly transferred from a hospital setting with acute care services to an FDC where he suffered for weeks with wounds to his feet, complaining of untreated pain and shortness of breath. When his medical condition became emergent, he was finally brought to a hospital where it was discovered that he had further infection, pulmonary embolism, and renal failure. Plaintiff should have never been transferred from FMC Rochester. The Writ for which he was transferred could have and should have been dealt with via Video Conferencing or Telephone Court.

This was done on a regular basis at FMC Rochester. When the Plaintiff was finished with matters in Seagoville he returned to FMC Rochester, where he soon suffered the loss of another toe and learned he had a Pulmonary Embolism and Stage IV Kidney failure. Which was due to the aggressive course of IV and Oral Antibiotics, that he was repeatedly prescribed. Because of the failure of medical staff to closely monitor his kidney function, Plaintiff has now faced kidney transplantation and/or long-term Dialysis.

The consequence of the Sub-Standard Medical Treatment, he has suffered is Irreptable for the Plaintiff. He was sentenced to a determinate term of imprisonment, in which he now faces an Injury that has caused him to suffer from Cruel & Unusual Punishment by the hand of those that were sworn to Protect him during the term of his sentence. While in prison, an inmate is entitled to reasonable Medical Services comparable to those he could receive if he were not in prison. This was not the case here. The Plaintiff's Eighth Amendment Rights to be free from Cruel & Unusual Punishment were violated. He is the victim of Deliberate Indifference to a Serious Medical Condition from the Federal Bureau of Prisons' Medical Staff and Breaches of the Duty of the Wardens & Staff which who's care he was place under for the duration of his sentence.

On or about February 18, 2018, Plaintiff was bending down to put compression stocking, then stood up felt dizzy and passed out.

On or about February 18, 2018, Plaintiff was seen by Clinical Staff and was given 0.4 mg of NARCAN IV, in which a responsiveness of 5 minutes was reported by Nursing Staff.

On or about February 18, 2018, at 1857, Plaintiff arrived at Nashoba Valley Medical Center, Steward Health Care, 200 Groton Road Ayer, MA 01432, and was seen by Stedman, George MD, stating he responded to Narcan which makes an opiate overdose more likely. His Tox Screen did not show any opioids...

On or about February 20, 2018, upon returning to FMC Devens, Plaintiff was seen by Pereira, E. NP-C, stating "Per custody, pt will be transferred to the SHU pending Urine Toxicology Screen, He was instructed to drink to thirst and no less than a quarter a day, to apply compression stocking and elevate legs for edema, and to follow-up with his regular provider in the Clinic. BMP and CBC were drawn.

Plaintiff was locked down in a Mental Health Unit for observation after a fainting/syncope episode....and administration of Narcan both resulting in an emergency trip to the local hospital for further evaluation.

Plaintiff was given Narcan before his medical records had been reviewed placing him in a high risk situation for death, and or other severe injuries caused by the injection of Narcan.

This negligent act by medical staffers at FMC Devens added to the many medical issues already suffered by the hands of negligent staffers at other FBOP institutions, which seems to be a regular occurrence with inmates in the Federal Bureau of Prisons, and their Detention Facilities.

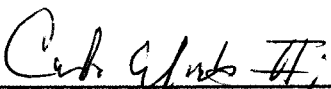
PRAY FOR RELIEF

Plaintiff Carlos Almeda II, seeks Nominal, Compensatory, & Punitive Damages in the amount of Ten Million Five Hundred Thousand Dollars, for the Cruel & Unusual Punishment he suffered in connection with the Ngelect, & Deliberate Indifferenec to His serious Medical Condition.

The Federal Bureau of Prisons is directly responsilbe for the Care & lack of Care received by Plaintiff and should be held accountable for their actions.

I Carlos Almeda II, Prays that this Honorble Court Grants His request for Relief in the amount stated above or what the Court to deem True & Just as it pertains to the situation.

Respectably Requested



Carlos Almeda II

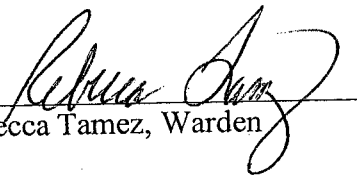
Name: ALMEDA, Carlos Jr.

Reg. No. 36700-180

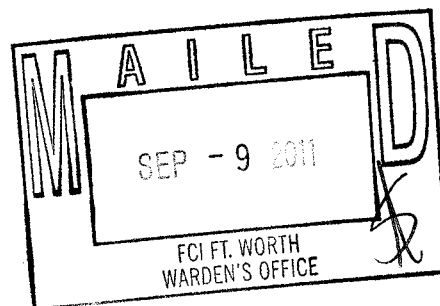
This is in response to your Inmate Request to Staff dated August 1, 2011, wherein you allege the Special Investigative Agent (SIA) is not responding to your requests. You state you have been in the Special Housing Unit (SHU) for eight months without receiving an Incident Report. You state you do not have a detainer and there has been no change to your case. Lastly, you state being held in SHU constitutes cruel and unusual punishment.

As you are aware, you are under investigation by an outside agency, and we are not at liberty to discuss this case with you due to pending prosecution. You are currently housed in SHU pending investigation and will remain in your current status until your case is dismissed or adjudicated. It should be noted Bureau of Prisons' policy does not preclude the placement of inmates in Administrative Detention for extended periods in the interest of safety, security, and the orderly operation of the institution.

I trust this addresses your concerns.


Rebecca Tamez, Warden

9/8/11
Date



Assign to?

Spiffano
reassigned
to Coleman

AW(0)
Capt

BP-A0148

JUNE 10

INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

8-10-11

TO: (Name and Title of Staff Member) WARDEN MS, TAMINEZ	DATE: 8/01/2011
FROM: CARLOS ALMEDA, JR.	REGISTER NO.: 36700-180
WORK ASSIGNMENT: N/N	UNIT: Special House Unit #08-B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

MS; With all Respect. I have constantly written SIA MR; ~~See page~~ And yet to Receive A Response. That is, I have been housed in the SHU during eight months without a misconduct. My Reason for being held in the SHU involves An inmate wearing a body wire and Recording our Conversation Regarding An Alleged Solicitation to commit murder. However, no charge, nor detainee has been lodged Against me. To me, this constitutes cruel and unusual punishment Pursuant to the program statement, specifically, 603. Detainee Actions, b. Locking Requirements [Detainees], if the BOP's CC: Inmate File Reason for housing me in the SHU is behind the above surreptitious Recording, and being that FCI - FWT is a Low Facility, then the State of Texas should have sent the Correctional Systems Department Review [CSD] A certified warrant And cover letter [See page 3] →

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
------------------------	------

Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PROTECTIVE FOLDER

SECTION 6

[Page 1]

BP-A0148

JUNE 10

INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Warden Ms. Taminéz	DATE: 8/31/2011
FROM: Carlos Almeda, Jr.	REGISTER NO.: 36700-180
WORK ASSIGNMENT: N/A	UNIT: Special House unit #08-B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

[DAL], necessary for CSD to Lodge A detainee, there by Implicating the Interstate Agreement on Detainers Act [IAD] where as I could file for "Final Disposition" in the above matter. However, Texas has file to do so, yet, the BOP has and/continues to keep me Unconstitutionally, And ARBITRARILY housed in the SHU. In Fact, the IAD was enacted to prevent circumstances exactly like mine. Please Respond back as soon as possible Thank you and May God Bless you to the fullest always.

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
------------------------	------

Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

[Page 2]

Almeda, Carlos # 36700-180

Notes

Physician: Butch Tubera, MD
 Diagnosis: D/M with complication
 Device Type: bilateral diabetic shoes
 Reason for Visit: Initial Evaluation

Height: 6'1"
 Weight: 250 lbs

History: Carlos Almeda Jr. has a history of diabetes mellitus and PVD. He has been a diabetic for 19 years and is currently on oral medication to treat his diabetes. Mr. Almeda has had six surgeries to his left foot, the last one occurring in June of 2007. These surgeries are result of charcot occurring in his left foot. His physician has ordered diabetic shoes and protective inserts to help protect and accommodate his foot deformity.

Evaluation: Mr. Almeda's feet were inspected and he presents with peripheral neuropathy with evidence of callus formation and a plantar ulcer under the second metatarsal head of the left foot. He has good range of motion in both feet. Muscle strength is weak on the left foot and good on the right side. He has calluses forming on the metatarsal heads of both feet. His left foot has some lateral instability due to the charcot in the foot. Mr. Almeda would benefit from custom accommodative orthotics that would help to keep his feet in proper alignment. They would also help to protect his insensate foot. Mr. Almeda is currently being treated under a comprehensive plan of care for his diabetes and is need of protective diabetic shoes.

Service: Mr. Almeda Jr. was evaluated for custom-fit diabetic shoes and accommodative inserts. The importance of wearing well fitting shoes and daily foot inspections was discussed in detail with the patient. Appropriate shoe options were discussed with the patient. Mr. Almeda Jr.'s feet were measured for the fitting of extra depth diabetic shoes. Impressions were taken of his feet, bilaterally, for the fabrication of accommodative diabetic inserts. Extra depth diabetic shoes are designed with additional room inside to allow the placement of custom molded, protective inserts. Diabetic shoes also are available in a wide range of widths and have tall toe boxes to minimize the risk of rubbing and skin breakdown. Custom molded, accommodative inserts are medically necessary to evenly distribute pressures across the plantar surface for prevention and reduction of excessive pressure areas, that lead to ulcerations in a non-sensate foot.

Plan: Size 10-2E shoes, style #11380 will be ordered for Carlos. Once the shoes are in the office and the inserts are complete, the patient will come in for fitting. Any additional shoe modifications that may be needed will be made after initial fitting.

Next Appt: Mr. Almeda Jr. will return to the office once the shoes and inserts are ready for delivery.

NOTICE OF CONFIDENTIALITY: This document contains unconditionally private medical records. Any improper use of the information contained herein constitutes a breach of patient medical confidentiality.

Michael Serrano, LO, C. Ped

Dr. C. Eilert, D.O.
 Medical Officer

11-12-10
 47

**Baker Orthotics and Prosthetics**
 810 Lipscomb Street Tel: (817) 332-7313
 Fort Worth, TX 76104 Fax: (817) 335-3804
Patient Notes

Patient Information		
Patient Name (Last, First, MI) Almeda Jr., Carlos 36700-1800	Patient ID 7787	Patient DOB 02/24/1967
Device Type Bilateral Diabetic Shoes	Visit Type Delivery / Definitive Fitting	Visit Date 1/26/2011

Notes
<p>Physician: Butch Tubera, MD Diagnosis: D/M with ulcer Device Type: bilateral diabetic shoes Reason for Visit: Delivery / Definitive Fitting</p> <p>History: Carlos Almeda Jr. was last seen on November 10, 2010 for initial evaluation for his diabetic shoes and inserts. The shoes were ordered and inserts fabricated and are now ready for fitting and delivery.</p> <p>Service: Mr. Almeda Jr. came into the office today for final fitting and delivery of his diabetic shoes and inserts. The diabetic shoes and accommodative inserts were donned to the patient's feet. Shoe fit was assessed and is appropriate. Mr. Almeda Jr. ambulated for several minutes in the office, while wearing the new shoes. He reports being comfortable at this time. The importance of always wearing appropriate socks with the new shoes was discussed. Mr. Almeda Jr. was instructed to check his feet daily for signs of redness or rubbing that does not dissipate within 15-20 minutes. Mr. Almeda Jr. was asked to contact the office immediately if irritation occurs inside the shoes. Mr. Almeda, Jr. was fit with style #888 shoe in size 10D, because they had a longer lasting sole.</p> <p>Plan: The ED diabetic shoes and custom inserts are to be worn anytime the patient is up walking and are medically necessary to evenly distribute pressures across the plantar surface for prevention of excessive pressure areas, that lead to ulcerations in a non-sensate foot.</p> <p>Next Appt: Mr. Almeda Jr. will return to the office PRN.</p>

NOTICE OF CONFIDENTIALITY: This document contains unconditionally private medical records. Any improper use of the information contained herein constitutes a breach of patient medical confidentiality.

Michael Serrano; LO; C. Ped

Date Received: _____

36700-180

**Baker Orthotics and Prosthetics**810 Lipscomb Street Tel: (817) 332-7313
Fort Worth, TX 76104 Fax: (817) 335-3604**Patient Notes**

Patient Information		
Patient Name (Last, First, MI) Almeda Jr., Carlos	Patient ID 7787	Patient DOB 02/24/1967
Device Type Bilateral Diabetic Shoes	Visit Type Initial Evaluation	Visit Date 11/10/2010

Dr. C. Eilert, D.O.
Medical Officer

COPY

A handwritten signature in black ink, appearing to be "S" followed by a long horizontal stroke.

11-16-10

11-17-10
LT

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ALMEDA, CARLOS JR
 Date of Birth: 02/24/1967
 Encounter Date: 02/11/2016 15:30

Sex: M Race: WHITE
 Provider: Mead, Jeffrey RN

Reg #: 36700-180
 Facility: RCH
 Unit: C02

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Mead, Jeffrey RN

Chief Complaint: NEPHROLOGY

Subjective: Inmate returned from consult with nephrology. Dr. Hogan requested that Dr. Slater email inmate's current medications and is also requesting that inmate receive 2 pairs of compression shorts for his edema and right sided heart failure. Dr. Hogan also would like Dr. Slater to consider for the inmate cardiac rehab or return to see Dr. Hogan and increase inmate's exercise routine.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
02/11/2016	15:30 RCH	96.6	35.9	Oral	Mead, Jeffrey RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
02/11/2016	15:30 RCH	61	Via Machine		Mead, Jeffrey RN

Respirations:

Date	Time	Rate Per Minute	Provider
02/11/2016	15:30 RCH	16	Mead, Jeffrey RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
02/11/2016	15:30 RCH	127/74	Right Arm	Sitting	Adult-large	Mead, Jeffrey RN

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Disposition:

To be Evaluated by Provider

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
02/11/2016	Counseling	Treatment Goals	Mead, Jeffrey	Verbalizes Understanding

Bureau of Prisons**Health Services****Clinical Encounter - Administrative Note**

Inmate Name:	ALMEDA, CARLOS JR	Reg #:	36700-180
Date of Birth:	02/24/1967	Sex:	M Race: WHITE
Note Date:	07/01/2015 10:32	Provider:	Marks, Melissa RN
		Facility:	RCH
		Unit:	OUT

Admin Note - Community Hospital Report encounter performed at Other.

Administrative Notes:**ADMINISTRATIVE NOTE 1** **Provider:** Marks, Melissa RN

COMMUNITY HOSPITAL ADMIN NOTE
 FMC ROCHESTER, MN
 DIAGNOSIS: Chest Pain
 ADMIT DATE: 6/28/2015
 CONTACTED: Chris, RN at local hospital
 HOSPITAL: SMH, Francis 5-127, Thoracic Surgery, 255-4715
 Condition: Stable

Per Mayo Notes: Was seen by Nephrology and they have given diagnosis of acute renal failure most likely due to worsening right sided heart failure from PE.

	7/1	6/30	6/29	6/28
Hemoglobin	7.7	7.6	6.7	7.8
Creatinine	3.1	3.1	2.8	2.1
BUN	55	46	41	37
Bicarb	16	17	15	14
APPT	70 sec	41 sec	-----	

Nurse reports that patient is doing well. She states that he is voiding large amounts- at 0300 voided almost a full liter and again at 0800 almost a full liter. She states that he complains of some discomfort of wound on back and does not want anything for it. He is receiving clindamycin 150 mg four times a day. She states that they are bridging him from heparin 14units/kg/hour to oral anticoagulants (Coumadin). She is thinking that he will return to the institution on Friday, July 3, 2015.

PLAN: Possible return Friday, July 3, 2015. PCPT informed

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Marks, Melissa RN on 07/01/2015 10:34

Requested to be cosigned by Jordan, Nancy DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Hadaway, Sheila D.O./CD.

Review documentation will be displayed on the following page.

Bureau of Prisons**Health Services****Clinical Encounter - Administrative Note**

Inmate Name:	ALMEDA, CARLOS JR	Reg #:	36700-180
Date of Birth:	02/24/1967	Sex:	M Race: WHITE
Note Date:	01/11/2016 13:17	Provider:	Ellinghuysen, Susan RN, Unit: RCH OUT

Admin Note - Community Hospital Report encounter performed at Other.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Ellinghuysen, Susan RN,QM

COMMUNITY HOSPITAL ADMIN NOTE
 FMC ROCHESTER, MN
 DIAGNOSIS: CHF exacerbation/Acute Kidney Injury
 ADMIT DATE: 1/3/2016
 CONTACTED: Roger Erickson, NP at local hospital
 HOSPITAL: St. Mary's, Domitilla 4-266, Med/Cardiac ICU, 255-537
 Condition: Stable

Nurse Practitioner R. Erickson returned call to writer regarding Nephrology appointment currently scheduled for tomorrow with Dr. Hogan. NP states appointment can be cancelled for 1/12/2016 and rescheduled to date after 1/25/2016. NP states that Nephrology has signed off on patient at this time and that he should not required follow-up prior to the 25th. Mayo Liaison at FMC notified and rescheduled appointment to February 11-2016 with Dr. Hogan.

PLAN: Discharge back to FMC today at approximately 1400. PCPT informed

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Ellinghuysen, Susan RN,QM on 01/11/2016 13:22

Requested to be cosigned by Slater, Charles MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Jordan, Nancy DO.

Review documentation will be displayed on the following page.

Bureau of Prisons**Health Services****Clinical Encounter - Administrative Note**

Inmate Name:	ALMEDA, CARLOS JR	Reg #:	36700-180
Date of Birth:	02/24/1967	Sex:	M Race: WHITE
Note Date:	01/11/2016 10:35	Facility:	RCH
		Unit:	OUT

Admin Note - Community Hospital Report encounter performed at Other.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Ellinghuysen, Susan RN,QM

COMMUNITY HOSPITAL ADMIN NOTE

FMC ROCHESTER, MN

DIAGNOSIS: CHF exacerbation/Acute Kidney Injury

ADMIT DATE: 1/3/2016

CONTACTED: Sam, RN at local hospital

HOSPITAL: St. Mary's, Domitilla 4-266, Med/Cardiac ICU, 255-537

Condition: Stable

Nurse reports that Lasix drip was discontinued on 1/9/2016. Torsemide 40/40 was initiated on 1/10/2016. Patient had a sleep study last night. Results not available at this time. Plan to do right heart catheterization today and discharge back following that procedure. Abnormal labs: APTT 87; Pro time 19.3 and Creatinine 3.0. Nurse was advised that patient is currently scheduled with Dr. Hogan, Nephrology for tomorrow and FMC has requested that hospital nurse verify if this appointment is needed or not. 9-3 FAX number provided for discharge summary and 9-3 nurse-to-nurse telephone number provided for nurse-to-nurse report just prior to discharge.

PLAN: Discharge back to FMC today following catheterization procedure. PCPT informed

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Ellinghuysen, Susan RN,QM on 01/11/2016 10:36

Requested to be cosigned by Slater, Charles MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Jordan, Nancy DO.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ALMEDA, CARLOS JR
Date of Birth: 02/24/1967
Encounter Date: 02/15/2011 13:12

Sex: M Race: WHITE
Provider: Gomez, Jose MLP

Reg #: 36700-180
Facility: FTW
Unit: Z01

Sick Call/Triage encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Gomez, Jose MLP

Chief Complaint: Skin Problem

Subjective: Ulcer on foot left. 2.) requesting antibiotic ointment for ulcer on foot.
Patient states he has had this ulcer for about 27 months. He states he does the wound care himself. Patient also states he needs wound care supplies.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
02/15/2011	13:13 FTW	96.1	35.6	Oral	Gomez, Jose MLP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
02/15/2011	13:13 FTW	73	Via Machine	Regular	Gomez, Jose MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
02/15/2011	13:13 FTW	18	Gomez, Jose MLP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
02/15/2011	13:13 FTW	134/69	Left Arm	Sitting	Adult-regular	Gomez, Jose MLP

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
02/15/2011	13:13 FTW	73.0	185.4	Gomez, Jose MLP

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
02/15/2011	13:13 FTW	253.0	114.8		Gomez, Jose MLP

Exam:

Exam:

Skin

there is a 1.5x.5 cm healing lesion on lateral aspect of left foot. Doing well. Completely closed. Only very thin tissue over last portion of healing wound.

ASSESSMENT:

Description	ICD9	Status	Status Date	Progress	Type
Foot (except toes), open wound, w/o complication	892.0	Current	06/04/2010	Marked Improvement	Chronic

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
02/15/2011	Counseling	Compliance - Treatment	Gomez, Jose	Verbalizes Understanding
careful not to walk too much on that foot. Keep foot care.				
02/15/2011	Counseling	Compliance - Treatment	Gomez, Jose	Verbalizes Understanding
no antibiotic at this time				

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Gomez, Jose MLP on 02/15/2011 13:25
Requested to be cosigned by Tubera, Butch MD, CD.
Cosign documentation will be displayed on the following page.

Bureau of Prisons**Health Services****Clinical Encounter - Administrative Note**

Inmate Name:	ALMEDA, CARLOS JR	Sex:	M	Race:	WHITE	Reg #:	36700-180
Date of Birth:	02/24/1967	Provider:	Petry, G. MD	Facility:	OKL	Unit:	C05
Note Date:	04/16/2013 09:40						

Admin Note encounter performed at Housing Unit.

Administrative Notes:**ADMINISTRATIVE NOTE 1 Provider: Petry, G. MD**

S/O/A: Pt has hx of b/l foot ulcer/callouses that he states were debrided prior to his transfer. Wounds are located on the plantar surface of instep/forefoot b/l. Wounds are healing well; stage 1 ulcers.

P: Basic wound care at this time see order for detail. Telfa drsg applied, secured with surgical tape.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Wound Care please give pt telfa & tape for self wc/daily drsg change.	04/17/2013 00:00	Nurse-FTC

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Petry, G. MD on 04/16/2013 09:47

BAPTIST HOSPITALS OF SOUTHEAST TEXAS
BEAUMONT
3080 College St. - Beaumont, TX 77701

Patient Name: ALMEDA, CARLOS
Admitting Physician: Absar Qureshi, MD
Admission Date: 07/16/2013
Date of Birth: 02/24/1967

HSSV/RM/BED: MSS/240/A
Patient Number: 120247306
Visit Number: 2676338
Age/Gender: 46/M

CONSULTATION NOTE

DATE OF CONSULTATION: 07/17/2013

CHIEF COMPLAINT
Right foot infection.

HISTORY OF PRESENT ILLNESS
This is a 46-year-old Hispanic inmate that presented to Baptist ER complaining of right foot infection. The patient states that the wound has been present for approximately 90 days to the right foot and has been chronic in nature. The patient has been seen by wound care specialist as well as the wound care within the prison system. The patient has been treating with offloading shoes as well as diabetic shoes. The patient relates that the right 5th toe has turned purple over the last few days.

PAST MEDICAL HISTORY
Diabetes mellitus, peripheral neuropathy, hypertension, chronic anemia, hyperlipidemia.

PAST SURGICAL HISTORY
Multiple surgeries to the left foot including metatarsal resection as well as I and Ds due to infection.

SOCIAL HISTORY
The patient denies any type of tobacco, alcohol or drug use.

FAMILY HISTORY
Noncontributory.

PHYSICAL EXAMINATION
GENERAL: No apparent distress. Alert and oriented x3.
VITAL SIGNS: Temperature 101.7, pulse 101, respiratory rate 21. His blood pressure is 143/71. O2 saturation is 96% on room air.

LOWER EXTREMITY EXAMINATION
INTEGUMENT: There is a large ulceration to the plantar aspect of the right 5th metatarsal head with surrounding bluish discoloration as well as serosanguinous drainage within this. There is fluctuance within the 5th metatarsophalangeal joint. Discoloration extends to approximately the mid shaft portion of the 5th metatarsal. There is surrounding cellulitis with ascending cellulitis to the level of the thigh. There is streaking along the thigh.
VASCULAR: DP/PT is +2/4. There is 2+ edema to the right foot. No edema left foot.
MUSCULOSKELETAL: There is no gross deformity to the right foot. Minimal pain on palpation. Left foot has multiple metatarsal head resections with subsequent digital deformity.
NEURO: Sensation is diminished to light touch.

DIAGNOSTIC STUDIES

X-ray, 3 views of right foot, shows findings consistent with osteomyelitis as well as soft tissue emphysema within the 5th digit.

ASSESSMENT

1. Gangrene of the right 5th toe as well as osteomyelitis right foot.
2. Diabetes mellitus with peripheral neuropathy.

PLAN

I had a long discussion with the patient today concerning treatment options. He will need partial 5th ray amputation with application of wound VAC later today and will be placed n.p.o. for now. He is at risk for much higher level amputation due to the infection type, and he is made aware of this. We will need to continue the IV antibiotics including vancomycin and Zosyn until culture results.

____ Kolby White, DPM

cc Absar Qureshi, MD

:

DD: 07/17/2013 08:54
TT: 07/17/2013 13:21

/ NT

JOB #: 1327950

Authenticated by Kolby S. White, D.P.M. On 08/18/2013 03:17:56 PM

BAPTIST HOSPITALS OF SOUTHEAST TEXAS
BEAUMONT
3080 College St. - Beaumont, TX 77701

Patient Name: ALMEDA, CARLOS
Admitting Physician: Absar Qureshi, MD
Admission Date: 07/16/2013
Date of Birth: 02/24/1967

HSSV/RM/BED: MSS/240/A
Patient Number: 120247306
Visit Number: 2676338
Age/Gender: 46/M

CONSULTATION NOTE

DATE OF CONSULTATION:

Thank you, Dr. Qureshi, for allowing me to participate in the care of this patient.

HISTORY OF PRESENT ILLNESS

This is a 46-year-old inmate who came in for necrotic cellulitis of the right lower extremity and underwent a right fifth toe I and D and amputation. Renal consultation obtained for elevated creatinine of 1.9. This patient was admitted with a creatinine of 1.7. He claims that he is unaware of any previous history of renal disease. He has history of insulin-dependent diabetes mellitus, to the best of his knowledge for 12 years with significant peripheral neuropathy. His leg swelling has gotten worse over the last several weeks. His diabetes is not well controlled at home. Other past medical history is of hypertension, peripheral neuropathy, obesity. He has been currently receiving levofloxacin and vancomycin for infection in the lower extremities with culture results consistent with E coli and enterococcus. At this point denies any dysuria, frequency, urgency, oliguria or polyuria. He also has a history of anemia without any active bleeding at this point.

FAMILY HISTORY
Diabetes.

SOCIAL HISTORY
Currently denies any alcohol abuse or drug abuse. He is an inmate.

REVIEW OF SYSTEMS
Pertinent for leg swelling which has gotten worse. Other than that, the 14-system review is negative.

PHYSICAL EXAMINATION

GENERAL: The patient appears his age.

VITAL SIGNS: Temperature 98.6, heart rate 76, blood pressure 145/68, respiratory rate 21.

NECK: No JVD.

LUNGS: Lungs sound clear. Normal vesicular breathing.

CARDIOVASCULAR: S1, S2 within normal limits.

ABDOMEN: Soft, nontender. Right upper extremity is slightly more swollen as compared to the left one. He has a PICC line in the right upper extremity. A drain from his right toe in the surgical scar site and 3+ pitting edema of his lower extremities.

CLINICAL IMPRESSION

A 46-year-old gentleman with the following identifiable medical problems:
1. Status post amputation of the 5th toe for necrosis with positive cultures of the bone for enterococcus and Escherichia coli.

ALMEDA, CARLOS

RECEIVED
SEP 25 2013
BY: _____

2676338

SSSSSSSS

2. Renal failure, which I presume is going to turn out to be chronic kidney disease stage III. The lower extremity edema is likely from proteinuria and nephrosis. However, further evaluation necessary.
3. Hypertension is under fair control.
4. Anemia is modest at this point and may be multifactorial from iron deficiency plus chronic kidney disease.

PLAN

Further evaluation and dosage adjustments are to be done as follows. Initial renal serologies inclusive of ANA, hepatitis profile, HIV, phosphorous and intact PTH. Check 24-hour urine for creatinine clearance and total proteins. Check vitamin D level. Keep vancomycin trough level between 15 and 20. Decrease Levaquin to 250. Decrease Lovenox to 30 mg subcutaneous per day. Decrease gabapentin 300 mg at bedtime. Discontinue metformin. Carefully diurese the patient with Lasix at 40 mg IV q.12h. Obtain renal ultrasound. Rule out secondary hyperparathyroidism and hyperphosphatemia. Rule out CKD, mineral and bone disease. Further recommendations to follow.

Shariq Ahmad, MDcc Absar Qureshi, MD
:DD: 08/23/2013 12:54
TT: 08/23/2013 19:07
SA / EMC

JOB #: 1348745

Authenticated by Shariq Ahmad, M.D. On 08/27/2013 03:01:48 PM

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ALMEDA, CARLOS JR
 Date of Birth: 02/24/1967
 Encounter Date: 02/26/2014 14:50

Sex: M Race: WHITE
 Provider: Elker, Kevin APRN

Reg #: 36700-180
 Facility: RCH
 Unit: C02

Wound Care encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Elker, Kevin APRN

Chief Complaint: Open Wound(s)

Subjective: Received a request from primary medical team to evaluate this patient's foot ulcer. He is well known to me from his prior stay. He returned to FMC Rochester yesterday. CDR Witter, PA saw him yesterday and reports removing an occlusive dressing from the right foot ulcer and that the skin around the ulcer was macerated.

Patient was examined in his room along with Dr. Paulson and CDR Witter, PA. Inmate Health Summary reviewed to refamiliarize myself with his health conditions and medications.

Patient denies experiencing any pain in either foot.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

Wound

Yes: Wounds present

Patient was observed walking in the hallway this morning. I reintroduced myself and counseled him about walking. He stated, "I know Mr. Elker, but it is only a little bit. He returned to his wheelchair after this."

Lower extremity brief vascular and foot examination:

Left: palpable strong dorsalis pedis and post tibial pulses. Capillary refill 3 seconds. Toes warm and pink. No hair growth noted below the knee. Edema in lower leg and foot. Calf circumference is 39 cm and ankle circumference is 25 cm. Faint discoloration on the lower legs consistent with hemosiderin staining. Noted one visible varicosity about 3-4 inches below the knee on the medial-anterior portion of the leg. Significant foot deformity of the left foot with pronounced metatarsal heads. Significant palpable callous build-up under the second and 5th metatarsal heads. The 5th has a small area of dark, circular discoloration. See photographs in BEMR.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name: ALMEDA, CARLOS JR	Sex: M Race: WHITE	Reg #: 36700-180
Date of Birth: 02/24/1967	Provider: Capps, J. MD	Facility: SEA
Note Date: 02/06/2014 12:33		Unit: J01

Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Capps, J. MD

VIBRA LTACH FACILITY REPORT

PHYSICIAN REPORT THIS DATE ON THIS PT
IS THAT PT :

- 1) REMAINS ON IV ANTIBIOTICS
- 2) IS RECOVERING FROM ATN (ACUTE RENAL FAILURE) RELATED TO VANCOMYCIN (ANTIBIOTIC REQUIRED FOR TREATMENT OF INFECTION
- 3) IS IN RECOVERY FROM ACUTE PULMONARY EDEMA
- 4) IS TO BE FURTHER ASSESSED IN 1 WEEK AS TO LEVEL OF RECOVERY AND
LEVEL OF CARE LIKELY NEEDED AT DISCHARGE

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Capps, J. MD on 02/06/2014 12:36

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: ALMEDA, CARLOS JR

Date of Birth: 02/24/1967

Encounter Date: 04/16/2014 14:30

Sex: M Race: WHITE

Provider: Witter, Lee PA-C

Reg #: 36700-180

Facility: RCH

Unit: C02

Pre-operative Evaluation/Counseling encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** Provider: Witter, Lee PA-C**Chief Complaint:** Pre-operative Eval

Subjective: Mr Almeda is a 47 yo inmate who transferred back to FMC Rochester on 2/25/14. He left FMC 12/04/13 to transfer to FCI Seagoville. He was transferred to the ED at Doctors Hospital at White Rock Lake on 12/23/13 for RLE cellulitis. He was treated with IV Zosyn for cellulitis but also found to have a DVT in the distal right superficial femoral vein. He was started on Lovenox and transitioned to warfarin. He was also started on IV antibiotics for chronic osteomyelitis and transferred to Vibra Specialty Hospital in DeSoto, TX on 12/31/13 for continued IV antibiotics. He was stabilized and transferred back to FCI Seagoville on 2/13/14 on metoprolol, Lasix, amlodipine, warfarin and hydralazine. He was seen on 2/20/14 and started on IV ceftriaxone and Cipro in addition to Bactrim for concern for LLE cellulitis. Since his return FMC he has been followed by Nephrology for Nephrotic range proteinuria and HTN. He was hospitalized in March 2014 for acute kidney injury in this setting. He is pending kidney biopsy. He was also evaluated by the Cardiac Valve clinic for tricuspid regurgitation. There was a tethered component to part of valve. The Valve Clinic recommended follow up in one year. Anticoagulation was stopped pending kidney biopsy and planned orthopedic procedure.

Pain Location:**Pain Scale:** 0**Pain Qualities:****History of Trauma:****Onset:****Duration:****Exacerbating Factors:****Relieving Factors:****Comments:****OBJECTIVE:****Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
04/16/2014	05:33 RCH	97.2	36.2	Oral	Stork, Brittany NA

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
04/16/2014	05:33 RCH	66	Via Machine		Stork, Brittany NA

Respirations:

Date	Time	Rate Per Minute	Provider
04/16/2014	05:33 RCH	16	Stork, Brittany NA

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
04/16/2014	05:33 RCH	169/71	Left Arm	Lying	Adult-regular	Stork, Brittany NA

SaO2:

Date	Time	Value(%)	Air	Provider
------	------	----------	-----	----------

7 411 817 ALMEDA, Carlos
Report ID: RENAL PATHOLOGY REPORTS

Mayo Clinic Results Summary

Page 1 (more)

Terminal ID: W073065 Run Date/Time: 28May2014 10:56am
Reporting period = 20May2014 thru 21May2014 Requested by: MRC8269

Age in years : 47 Date of Birth : 1967-02-24 Gender : M
Location : Not Avail

RENAL PATHOLOGY

Renal Pathology Reports;

05/21/2014 Renal Biopsy (KR14-2473)

Requested By: Marie C. Hogan, M.D., Ph.D. 8-9377

DIAGNOSIS:

Kidney, needle biopsy: 1) Diffuse and nodular diabetic glomerulosclerosis, advanced, with moderately extensive tubular atrophy and interstitial fibrosis. 2) Interstitial nephritis.

Electron microscopy will be reported as an addendum.

DIAGNOSIS COMMENT:

The biopsy is adequate for interpretation.

This renal biopsy shows features of diabetic nodular glomerulosclerosis that is associated with moderately extensive tubular atrophy and interstitial fibrosis. In addition, there is also moderate patchy interstitial inflammation present. The interstitial nephritis may be secondary to a hypersensitivity reaction to drugs such as NSAIDs, antibiotics, etc. There is no evidence of an immune complex-mediated glomerulonephritis.

This is a 47-year-old man with progressive renal dysfunction, diabetes, nephrotic syndrome, and chronic ulcer on the fourth MTP joint, ? osteomyelitis. Patient recently received antibiotics. Positive MPO titers. Serum creatinine 2.4 mg/dL.

5/22/2014 14:32 Interpreted by: Sanjeev Sethi, M.D., Ph.D. 8-9398

Report electronically signed by Sanjeev Sethi, M.D., Ph.D.

Transcribed by: deo 5/22/2014 12:21:53

SPECIMEN DESCRIPTION:

A: Renal Needle Biopsy

TISSUE DESCRIPTION:

LM: Received in 10% neutral buffered formalin for light microscopy are two pieces of tissue measuring 1.6 x 0.04 cm (cut into two pieces) and 2.0 x 0.04 cm (cut into three pieces). (Two pieces, both measuring 0.2 x 0.04 cm, were taken and processed for electron microscopy). (TW)

EM: Received for electron microscopy are two pieces of tissue, both measuring 0.2 x 0.04 cm (received in formalin). (TW)

IF: Received in Zeus for immunofluorescent histology is one piece of tissue measuring 1.3 x 0.04 cm. (WFL)

MATERIAL RECEIVED:

- 1 - 10% formalin wet tissue
- 1 - Zeus wet tissue

SLIDE DISPOSITION:

MICROSCOPIC DESCRIPTION:

LIGHT MICROSCOPY: Tissue sections are stained with H&E, PAS, Masson trichrome and Jones methenamine silver to aid in the morphological interpretation. The sample submitted for light microscopy contains five cores. They contain renal cortex and medulla. There are up to 17 glomeruli present. None of the glomeruli are globally sclerosed. The glomeruli show marked mesangial expansion with increase in mesangial matrix, resulting in the formation of PAS- and silver-positive mesangial nodules. The nodules are features of Kimmelstiel-Wilson nodules. Small microaneurysm formation is noted. The glomerular basement membranes are thickened. Protein reabsorption granules are noted in some of the podocytes. There is no evidence of crescent formation, fibrinoid necrosis, thrombosis, or endocapillary proliferation.

Tubules and interstitium: There is prominent interstitial inflammation present in one core (the core contains mostly medulla),

RCH/Reviewed

MAY 30 2014

Garrick Olsen, PA-C

2014 MAY 30 PM 3:14
H111

RCH/Reviewed

MAY 30 2014

Margaret Paulson, DO

2014 MAY 29 PM 2:13
9/3

Bureau of Prisons**Health Services****Clinical Encounter - Administrative Note**

Inmate Name:	ALMEDA, CARLOS JR	Reg #:	36700-180
Date of Birth:	02/24/1967	Sex:	M Race: WHITE
Note Date:	06/29/2015 12:59	Provider:	Marks, Melissa RN
		Facility:	RCH
		Unit:	OUT

Admin Note - Community Hospital Report encounter performed at Other.

Administrative Notes:**ADMINISTRATIVE NOTE 1 Provider: Marks, Melissa RN**

COMMUNITY HOSPITAL ADMIN NOTE
FMC ROCHESTER, MN
DIAGNOSIS: Chest Pain
ADMIT DATE: 6/28/2015
CONTACTED: Scott, RN at local hospital
HOSPITAL: SMH, Francis 5-127, Thoracic Surgery, 255-4715
Condition: Stable

Nurse reports that they are switching his cardiac meds to control his BP. He states that the cardiac work up that they completed all came back negative for anything. Troponin is flat 0.02, ECG normal. He did receive 1 unit of blood today due to hemoglobin of 6.8, plan to recheck this afternoon. There is no noted source of bleeding. Patient continues to complain of 2/10 pain in his chest, there was no PE noted. They will be completing renal ultrasound today. Patient had a bowel movement this morning and has great bowel sounds. Vital signs: 98.7, 103/68, 50, 18, 99% RA.

PLAN: Nurse believes patient will return tomorrow. PCPT informed

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Marks, Melissa RN on 06/29/2015 13:01

Requested to be cosigned by Jordan, Nancy DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Hadaway, Sheila D.O./CD.

Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name: ALMEDA, CARLOS JR		Reg #: 36700-180
Date of Birth: 02/24/1967	Sex: M Race: WHITE	Facility: RCH
Note Date: 06/30/2015 14:11	Provider: Marks, Melissa RN	Unit: OUT

Admin Note - Community Hospital Report encounter performed at Other.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Marks, Melissa RN

COMMUNITY HOSPITAL ADMIN NOTE
 FMC ROCHESTER, MN
 DIAGNOSIS: Chest Pain
 ADMIT DATE: 6/28/2015
 CONTACTED: Scott, RN at local hospital
 HOSPITAL: SMH, Francis 5-127, Thoracic Surgery, 255-4715
 Condition: Stable

Per Mayo Notes: Renal ultrasound was negative for stenosis. Lung scan was indicative of multifocal PE some of which may be recanalizing. Ultrasound of lower extremities was negative for DVT. ECG was normal. He has tricuspid valve regurgitation which has gotten worse over time however does not require any urgent treatment now. Labs are below.

	6/30	6/29	6/28
Hemoglobin	7.6	6.7	7.8
K+	5.1	5.3	5.2
Creatinine	3.1	2.8	2.1
BUN	46	41	37
Bicarb	17 15	14	

Per nurse patient is doing well. She states that he is on a heparin infusion and they are treating the wound on his back with antibiotics. He denies pain and is eating well. He had a bowel movement yesterday and has bowel sounds. They are going to be rechecking hemoglobin this afternoon due to his transfusion yesterday. Nephrology is going to see him today and they are completing 24 hour urine due to poor kidney function. He is up and independent, alert and oriented. Vital signs: 98.4, 156/56, 59, 16, 96% RA.

PLAN: No plans for discharge at this time. PCPT informed

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Marks, Melissa RN on 06/30/2015 14:13

Requested to be cosigned by Jordan, Nancy DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Hadaway, Sheila D.O./CD.

Review documentation will be displayed on the following page.



Full Name: Almeda, Carlos
Mayo Clinic Number: 7-411-817
Birth Date: 02/24/1967 (Age 48)
Gender: Male

Clinical Notes

Nephrology & 2/11/2016 9:50 AM
Hypertension
Consult

DEMOGRAPHIC INFORMATION

Clinic Number: 7-411-817
Patient Name: Mr. Carlos Almeda, Jr.
Age: 48 Y
Birthdate: 24-Feb-1967 Sex: M
Address: Federal Medical Center, 36700-180, P.O. Box 4600 City: Rochester, MN 55903-4600

Service Date/Time: 11-Feb-2016 09:50
Provider: Marie C. Hogan, MD, PhD Pager: 8-9377
Service: NEPHT Type/Desc: CON Status: Fnl Revision #: 2

HISTORY OF PRESENT ILLNESS

Mr. Almeda returns following a recent hospitalization to the Cardiology Heart Failure Service in January, from the 3rd to the 11th, 2016, with acute on chronic diastolic heart failure, moderate bradycardia and hypotension, with worsening acute renal failure, likely caused by acute tubular injury in the setting of low blood pressure. He was volume overloaded and hypokalemic. There was concern he might need dialysis; however, the situation was averted, but he did require one session of 2-1/2 hours of diafiltration. His dismissal serum creatinine was 3.0. Since then, he states his weight has gone from 238 pounds up to 250 and is now about 244.8. His blood pressures he states he notices that they have been higher, approximately 160s at the prison. His current dose of torsemide is 40 in the morning and 20 in the afternoon, but this was increased during the hospitalization to 40 mg b.i.d. He is having labs once a week.

CURRENT MEDICATIONS

acetaminophen [TYLENOL] 325 mg tablet 2 tablets by mouth three times a day as needed.
Indication, Site, and Additional Prescription Instructions:
pain

amlodipine 5 mg tablet 1-2 tablets by mouth as directed by prescriber.
Indication, Site, and Additional Prescription Instructions:
10 mg in the AM and 5 mg in the PM

aspirin 81 mg chewable tablet 1 tablet by mouth one time daily.

atorvastatin [LIPITOR] 10 mg tablet 1 tablet by mouth every bedtime.

carvedilol [COREG] 6.25 mg tablet 1 tablet by mouth two times a day.



Full Name: Almeda, Carlos
Mayo Clinic Number: 7-411-817
Birth Date: 02/24/1967 (Age 48)
Gender: Male

36700-180
FMC Rochester, MN

Extremities: He has 2+ edema to thighs.

IMPRESSION/REPORT/PLAN

- #1 Chronic kidney disease, stage 4
- #2 Progressing chronic kidney disease, with estimated GFR currently 22, consistent with stage 4 chronic kidney disease
- #3 Diabetes mellitus
- #4 Recent acute renal failure, improved now but did require ultrafiltration support

RECOMMENDATIONS

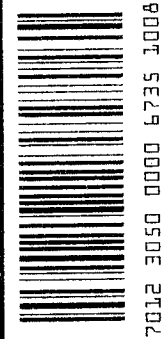
Mr. Almeda is a 48-year-old Hispanic gentleman with evidence on recent right heart cath of normal cardiac output, but he has known severe tricuspid regurgitation and thought to have pulmonary hypertension, although pulmonary pressures at that evaluation were said to be normal. His pulmonary hypertension is multifactorial. At this point, with a GFR of 22, he may be eligible for a kidney transplant evaluation. If this is not feasible, I would like to proceed ahead possibly with development of a permanent dialysis access in the form of an arteriovenous fistula. Subsequently, on February 17, 2016, Mr. Almeda has had recheck kidney function labs, a monoclonal protein study, and serum. Once I hear back from our transplant colleagues, we will decide on whether to go ahead with a permanent vascular access placement toward preparations for long-term dialysis. I will discuss further with Dr. Slater, also at the prison medical services. At the moment, Mr. Almeda is not receiving an ACE inhibitor. He has been on and off this medication for a number of years now, and it has been difficult to maintain the therapy for him due to his tenuous renal function.

Original: mch revised by ccj

Electronically Signed: 23-Feb-2016 00:35 by M.C. Hogan, MD, PhD

Last Updated:

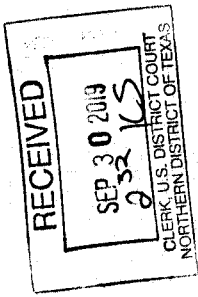
Status: Final



Carlos Almeida, Jr.
#36700-180 3A
Federal Medical Center, Devers
P.O. Box 879
Ayer, MA 01432

Legal-Mail

OFFICE OF
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